



HEADQUARTERS  
WASHINGTON WING CIVIL AIR PATROL  
UNITED STATES AIR FORCE AUXILIARY  
PO BOX 4459  
JOINT BASE LEWIS-McCHORD WA 98438-0459

Date: \_\_\_\_\_

MEMORANDUM FOR WAWG/FM

FROM: \_\_\_\_\_

SUBJECT: Check Request

Request a wing check be cut from unit funds for payment as indicated below.

Date Check is Required: \_\_\_\_\_

Issue check to Payee: \_\_\_\_\_

Mail Address (Street or PO Box): \_\_\_\_\_

Mail Address (City, State, ZIP Code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Expenses		
<u>Item Description</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Amount:		\$ _____

Approved by Unit Finance  
Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Approved by Unit Commander \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_, CAP  
Commander